

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Tri-County Telcom, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Tri-County Communications Cooperative, Tri-County Communications, TCC

**Address of Service Provider:** 417 5th Avenue N., Strum, WI 54770

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Gerald Webb

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
417 5th Avenue N., Strum, WI 54770

**Telephone Number of Designated Agent:** 715-695-2829

**Facsimile Number of Designated Agent:** 715-695-3599

**Email Address of Designated Agent:** bwebb@tcc.coop

 **Representative of the Designating Service Provider:**

**Date:** 8/19/16

**Typed or Printed Name and Title:** Gerald Webb, Operations Manager

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

SCANNED

MAR 20 2017

Received

AUG 25 2016

Copyright Office